



## Insomnia: What is it?

People who suffer from insomnia aren't able to fall asleep by counting sheep. They can't fall asleep—and stay asleep—during the night.

People with insomnia may wake up early in the morning. And when they wake up, they feel they didn't get a good night's sleep.

This lack of a good night's sleep can cause problems during the day. People with insomnia may suffer from fatigue, not have any energy, be irritable or have difficulty concentrating during daytime hours.

If you have insomnia, you are not alone. It's the most common of all sleep disorders. It affects millions of people—about one-third of the adults in the United States. Many older people suffer from insomnia since it tends to increase with age and occur more frequently in people over age 60.

A person with insomnia may also have one of the other sleep disorders, such as *sleep apnea*, *narcolepsy* or *restless legs syndrome*.

If you think you have insomnia, you are encouraged to talk to your healthcare provider right away. He or she may perform an evaluation that could include a physical exam, a medical history and a sleep history.

While the information in this brochure may be helpful, it is no substitute for a good evaluation of your particular situation.

## What causes it?



There are different types of insomnia. Insomnia can be caused by many different conditions other than age, for example, an underlying physical or medical problem, stress, depression or other mental disorder, environmental noise, extreme temperatures, a change in the surrounding environment, medication side effects, shift work or other nighttime activity schedules, or jet lag.



## Insomnia Symptoms

How do you know if you have insomnia? People with insomnia will often experience:

- ◆ Difficulty falling asleep
- ◆ Frequent awakenings during the night
- ◆ Early morning awakenings
- ◆ Insufficient sleep
- ◆ Daytime exhaustion
- ◆ Lack of concentration
- ◆ Grouchiness or nervousness
- ◆ Depression
- ◆ Forgetfulness



**Department of  
Veterans Affairs**



Mental Illness Research,  
Education and Clinical Center



## Bridging the Gap

. . . BETWEEN VA RESEARCH  
AND VA CLINICAL CARE

### Anchor Sites:

LITTLE ROCK ■ HOUSTON  
JACKSON ■ NEW ORLEANS  
OKLAHOMA CITY

### Administration Offices:

Central Arkansas Veterans Healthcare System  
2200 Fort Roots Dr., Bldg. 58 (16MIR/NLR)  
North Little Rock, Arkansas 72114  
[www.va.gov/scmirecc](http://www.va.gov/scmirecc)



VA Clinics:

To order more copies of this publication,  
please do so using the web page or by e-mailing:  
[michael.kauth@va.gov](mailto:michael.kauth@va.gov)

# Insomnia:

Difficulty falling asleep or staying  
asleep, and with quality of sleep.



SIGNS AND

SYMPTOMS

AND

HOW YOU CAN

MANAGE IT

An important message from:





## Tips to Improve Sleep & Manage Insomnia



- Avoid naps—instead, exercise for 20 minutes most days, 4 to 5 hours before bedtime.
- Get about 20 minutes of bright sunlight every day.
- Don't use caffeine within 6 hours before bedtime and don't use much during the day.
- Avoid nicotine and alcohol, **especially** near bedtime and during the night.
- Avoid eating and drinking late at night.
- Have a relaxing bedtime routine such as a warm bath.
- Try to go to bed at the same time every night and wake up at the same time every morning.
- Have a quiet, dark, cool sleeping environment and a comfortable bed.
- Use the bed **only** for sleep and sex and go to bed **only** when you are sleepy.
- If you can't sleep after about 30 minutes in bed, get up and go to another room until you're tired.
- Keep a log if you are still not sleeping better after several weeks.
- See a healthcare provider for any physical or mental problems.
- Talk to your provider about medications and other substances that interfere with sleep.
- Tell your healthcare provider about all **over-the-counter medications** and **products**, including herbal supplements that you are taking.



## Keeping a Log to Track and Manage Insomnia



Here's a seven-day "Sleep Log" for you to use in recording information about your sleep and sleep patterns. These facts will be very helpful to your healthcare providers in diagnosing and helping you manage insomnia.

Please take a few minutes to read about the nine categories of information that you will enter on your log. Each morning, write in your log the

details about your naps during the day and your sleep and your wake times during the night.

You will also record any medications that you take at night and will rate the overall satisfaction of your nighttime sleep.

**Ask for extra copies of this brochure so you will have enough logs to last until you return to the clinic or doctor's office.**



## SLEEP LOG

Keeping a Sleep Log could help you and your healthcare providers better manage your insomnia. Each morning, record information about your sleep and wake times for the night. You will enter information in these nine categories:

**Nap:** If you took a nap or naps yesterday, enter the total time in **minutes** that you napped.

**Bedtime:** What time did you go to bed for the purpose of going to sleep (not for watching TV, reading or other activities)?

**Minutes to Fall Asleep:** How many **minutes** did it take you to fall asleep, counting from the time you first tried to fall asleep?

**Number of Awakenings:** How many times did you wake up during the night?

**Wake Time:** Enter the total **minutes** you were awake during the middle of the night. Do not include the time it took for you to fall asleep at the beginning of the night. Also, do not include the time you were awake in bed before you got up in the morning.

**Final Wake-up:** What time did you wake up for the last time this morning?

**Out of Bed:** What time did you actually get out of bed this morning?

**Quality-of-Sleep Rating:** Pick a number below to indicate your overall **satisfaction** with your sleep for the night—

- 1—very poor
- 2—poor
- 3—fair
- 4—good
- 5—excellent



**Bedtime Medication:** List any sleep medication or alcohol taken at or near bedtime, and give the amount and the time you took it.

### EXAMPLE

Yesterday's <b>day</b> ⇒ Yesterday's <b>date</b> ⇒	TUES 1/17/06 Day 3	/ / <b>Day 1</b>	/ / <b>Day 2</b>	/ / <b>Day 3</b>	/ / <b>Day 4</b>	/ / <b>Day 5</b>	/ / <b>Day 6</b>	/ / <b>Day 7</b>
Nap (yesterday)	45 min.							
Bedtime (last night)	11:15 p.m.							
Time to fall asleep	35 min.							
Number of awakenings	5							
Time spent awake (middle of <u>night</u> )	70 min.							
Final wake-up time	7:10 a.m.							
Out-of-bed time	7:20 a.m.							
Quality-of-sleep rating	2							
Bedtime medications (include amount and the time you took it)	Restoril 15mg 10:15 p.m.							